

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
|                      |          |

PATENT NUMBER

O.I.P.E. PATENT DATE

SCANNED Q.A. LA

|                 |            |       |          |          |          |
|-----------------|------------|-------|----------|----------|----------|
| APPLICATION NO. | CONT/PRIOR | CLASS | SUBCLASS | ART UNIT | EXAMINER |
| 09/913496       | D F        | 717   | 116      | 2122     | Zhen     |

## APPLICANTS

## Time

PTO-2040  
12/99[illegible]

|   |  |             |                       |                                   |                      |
|---|--|-------------|-----------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                              |             | <b>CLAIMS ALLOWED</b> |                                   |                      |
|   | Sheets Drwg.                                 | Figs. Drwg. | Print Fig.            | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____<br>(Assistant Examiner) (Date)         |             |                       | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
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| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____ | _____<br>(Primary Examiner) (Date)           |             |                       | <b>ISSUE FEE</b>                  |                      |
|   |  |             |                       | Amount Due                        | Date Paid            |
| <input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.   | _____<br>(Legal Instruments Examiner) (Date) |             |                       | <b>ISSUE BATCH NUMBER</b>         |                      |
|   |  |             |                       |                                   |                      |

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